



SM

COPY COMPLETERS  
ORIGINALLY FILED

APB

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/040,902        |
| Filing Date            | December 28, 2001 |
| First Named Inventor   | Eric Klinker      |
| Group Art Unit         | 2661              |
| Examiner Name          | Unknown           |
| Attorney Docket Number | PA2330US          |

Total Number of Pages in This Submission 43

## ENCLOSURES (check all that apply)

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers (for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached  | <input checked="" type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Reply  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                                      | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                                    | <input type="checkbox"/> Terminal Disclaimer  | Postcard, Declaration & Power of Attorney  |
| <input type="checkbox"/> Information Disclosure Statement                               | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                         | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |
| <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application   | Remarks   |  |
| <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Total page number does not include postcard and check(s), if applicable.                |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                     |                 |
|-------------------------|-------------------------------------|-----------------|
| Firm or Individual name | Carr & Ferrell, LLP Cust. No. 22830 |                 |
| Signature               |                                     | Reg. No. 48,861 |
| Date                    | April 11, 2002                      |                 |

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: April 11, 2002

|                       |                                    |                     |
|-----------------------|------------------------------------|---------------------|
| Typed or printed name | Kenneth R. Backus, Reg. No. 48,861 |                     |
| Signature             |                                    | Date April 11, 2002 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY OF PAPERS  
ORIGINALLY FILEDApproved for use through 10/31/2002. OMB 0651-0038  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL**  
**for FY 2002**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT**

(\$ 798.00)

**Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/040,902        |
| Filing Date          | December 28, 2001 |
| First Named Inventor | Eric Klinker      |
| Examiner Name        | Unknown           |
| Group Art Unit       | 2661              |
| Attorney Docket No.  | PA2330US          |

| METHOD OF PAYMENT   |                            | FEE CALCULATION (continued)                                |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
|---|----------------------------|--|----------------------------|-----------------|----------|---------|-----------|------------------------|-----|---------|---------|-----------------------------------|----|--------------------|---------|---------------------------------------|---|---------|---------|--|--|---------|--------|--|--|--------------|--|--|----------|--|--|
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number: 06-0600<br>Deposit Account Name: Carr & Ferrell, LLP<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  |                            | <b>3. ADDITIONAL FEES</b>                                  |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| <b>2.</b> <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                            |  |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| FEE CALCULATION   |                            |  |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| <b>1. BASIC FILING FEE</b>  |                            |  |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| <table><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td>370</td></tr><tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td></td></tr><tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td></td></tr><tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1)</td><td>(\$ 370)</td></tr></tbody></table>  |                            | Large Entity Fee Code (\$)                                 | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 101 740 | 201 370   | Utility filing fee     | 370 | 106 330 | 206 165 | Design filing fee                 |    | 107 510            | 207 255 | Plant filing fee                      |   | 108 740 | 208 370 | Reissue filing fee                                 |  | 114 160 | 214 80 | Provisional filing fee                                     |  | SUBTOTAL (1) |  |  | (\$ 370) |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 101 740   | 201 370                    | Utility filing fee   | 370                        |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 106 330   | 206 165                    | Design filing fee  |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 107 510   | 207 255                    | Plant filing fee   |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 108 740   | 208 370                    | Reissue filing fee   |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 114 160   | 214 80                     | Provisional filing fee                                     |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| SUBTOTAL (1)  |                            |  | (\$ 370)                   |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| <b>2. EXTRA CLAIM FEES</b>  |                            |  |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| <table><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>51</td><td>- 20 = 31</td><td>9</td><td>279</td></tr><tr><td>5</td><td>- 3 = 2</td><td>42</td><td>84</td></tr><tr><td colspan="3">Multiple Dependent</td><td>0</td></tr></tbody></table>   |                            | Total Claims   | Extra Claims               | Fee from below  | Fee Paid | 51      | - 20 = 31 | 9                      | 279 | 5       | - 3 = 2 | 42                                | 84 | Multiple Dependent |         |                                       | 0 |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| Total Claims  | Extra Claims               | Fee from below   | Fee Paid                   |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 51  | - 20 = 31                  | 9  | 279                        |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 5   | - 3 = 2                    | 42   | 84                         |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| Multiple Dependent  |                            |  | 0                          |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| <table><thead><tr><th>Large Entity Fee Code (\$)</th><th>Small Entity Fee Code (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102 84</td><td>202 42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104 280</td><td>204 140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109 84</td><td>209 42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="3">SUBTOTAL (2)</td><td>(\$ 363)</td></tr></tbody></table> |                            | Large Entity Fee Code (\$)                                 | Small Entity Fee Code (\$) | Fee Description | Fee Paid | 103 18  | 203 9     | Claims in excess of 20 |     | 102 84  | 202 42  | Independent claims in excess of 3 |    | 104 280            | 204 140 | Multiple dependent claim, if not paid |   | 109 84  | 209 42  | ** Reissue independent claims over original patent |  | 110 18  | 210 9  | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |  |  | (\$ 363) |  |  |
| Large Entity Fee Code (\$)  | Small Entity Fee Code (\$) | Fee Description  | Fee Paid                   |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 103 18  | 203 9                      | Claims in excess of 20                                     |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 102 84  | 202 42                     | Independent claims in excess of 3                          |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 104 280   | 204 140                    | Multiple dependent claim, if not paid                      |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 109 84  | 209 42                     | ** Reissue independent claims over original patent         |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| 110 18  | 210 9                      | ** Reissue claims in excess of 20 and over original patent |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| SUBTOTAL (2)  |                            |  | (\$ 363)                   |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
| *or number previously paid, if greater; For Reissues, see above   |                            |  |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
|   |                            | <b>Other fee (specify)</b> _____                           |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
|   |                            | *Reduced by Basic Filing Fee Paid                          |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |
|   |                            | <b>SUBTOTAL (3)</b> (\$ 65)                                |                            |                 |          |         |           |                        |     |         |         |                                   |    |                    |         |                                       |   |         |         |  |  |         |        |  |  |              |  |  |          |  |  |

| SUBMITTED BY      |                   | Complete (if applicable)          |                |
|-------------------|-------------------|-----------------------------------|----------------|
| Name (Print/Type) | Kenneth P. Backus | Registration No. (Attorney/Agent) | 48,861         |
| Signature         |                   | Telephone                         | (650) 812-3400 |
|                   |                   | Date                              | April 11, 2002 |

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.




COPY OF PAPERS  
ORIGINALLY FILED

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: BOX MISSING PARTS, Commissioner for Patents, Washington, D.C. 20231, on the date printed below:

Date: 4-11-02

  
Kenneth Backus, Reg. No. 48,861  
Carr & Ferrell, LLP  
2225 East Bayshore Road, Suite 200  
Palo Alto, CA 94303  
TEL: (650) 812-3400  
FAX: (650) 812-3444